

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	72		11-4-00
O.I.P.E. CLASSIFIER		12	11-7
FORMALITY REVIEW	1112	1097	12-13-06
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/02
2	8/02
3	8/02
4	8/02
5	8/02
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50	8/02

Claim	Date
Final	
Original	
51	8/02
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100	8/02

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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